

its humidity and polish. This circumstance was owing, no doubt, to the integrity of the palpebral glandulæ, which, having separate excretory ducts, continued to supply the eye with a sufficient quantity of the lachrymal fluid to perfectly lubricate its surface. It is therefore evident, that whenever it is necessary to extirpate the lachrymal gland, there need be no fear entertained with regard to the integrity of the functions of the eye, if the glandulæ of the superior palpebra remain intact.

52. *Cyst in the orbital cavity.* By Dr. DORNBLUTH.—A girl, 22 years of age, was seized with a rheumatic affection of the eye, for which antiphlogistic remedies were employed. These relieved the symptoms, but in a few weeks the eyelids swelled, the eye became red and painful, and resisted all modes of cure. About four months afterwards she consulted Dr. Dornbluth. The pain in the eye was then so acute as to prevent sleep, and her body had wasted considerably. The eye was pushed out of its situation towards the temporal region, so as to be beyond the orbit. The eyelid, though stretched to its utmost extent, could not cover more than the half of the cornea; which, however, still retained its transparency. The iris was dilated and immovable, but the anterior chamber of the eye appeared natural. The most attentive examination could not detect the slightest alteration in the deep humours of the eye. Vision had been failing for about four months, but now the brightest sun's rays produced no effect on the eye; there was total blindness. The sclerotic conjunctiva was very red, swollen, and resistant, and formed a considerable projection. Behind and on the nasal side of the eyeball, projected a fleshy mass, of about the size of an egg, and extending from the middle of the nasal to the superior maxillary bone. This fleshy mass was exquisitely tender, was covered with a smooth membrane, and discharged copiously mucous fluid and tears. The girl's health was seriously affected; she was feverish, had thirst, and loss of appetite.

As the nature of the tumour was not at first recognized, and topical applications gave no relief, a puncture was made in it, from which a considerable quantity of transparent serous-looking fluid escaped, and continued more or less for two days, by which time a notable diminution of its size was observed. The aperture was then enlarged, and it was recognized that the tumour consisted of a cyst about two lines in thickness and two one-half inches in depth, which filled the whole of the orbital cavity and pushed the eyeball forwards. The cavity of the cyst was filled with lint, an abundant suppuration ensued, and the fifth day thereafter the membrane of the cyst was thrown off. The tumour diminished rapidly in size after this, and the wound healed over in eight days. The eyeball regained its normal position, and was again covered by the eyelid, which moved freely over it, but the eye never recovered its sensibility to light.—*Edin. Med. and Surg. Journ.*, Jan. 1844, from *Archives Générales*, April, 1843.

MIDWIFERY.

53. *Artificial rupture of the membranes to accelerate delivery.* M. CHAILLY HONORE, communicated to the Medical Society of Paris a case of artificial and premature rupture of the membranes before the os uteri was dilated, in a case of threatening suffocation.

It has been laid down as a rule by obstetrical writers, that the membranes should not be ruptured, except when the os uteri was dilated or dilatable. M. Chaillly thinks that, in some circumstances, it is advantageous to effect this rupture before the dilatation of the os uteri; but only in vertex presentations.

A woman affected with pneumothorax, and threatened with suffocation, had been twelve hours in labour, without any progress being made in the dilatation of the os uteri, notwithstanding the frequent and active contractions of the uterus. The head of the child presented. M. Chaillly attributing the retardation of the labour to the resistance of the membranes, ruptured them. Ten minutes

afterwards, the os uteri completely dilated, and the head which was only in the superior strait descended, and the fœtus was expelled. It is evident, M. Chaillly thinks, that in this case the rigidity of the os uteri and its not dilating depended on the abnormal resistance of the membranes. This method, he adds, prudently employed, will often abridge the too slow progress of some labours.—*Rev. Medicale*, June, 1843.

[That the rigidity of the uterus, in this case, depended upon the resistance of the membranes, does not appear to us to be so evident as M. Chaillly regards it. Indeed, we cannot conceive how toughness of the membranes can in any way prevent the dilatation of the os uteri, and until some more conclusive testimony shall be adduced of the practice recommended by M. Chaillly, we must consider the rule generally laid down, not to rupture the membranes unless the os uteri is dilated or dilatable, the soundest and safest one.]

54. *Contagiousness of Puerperal Fever*.—The mass of evidence in support of the opinion of the contagiousness of puerperal fever is accumulating. In addition to the facts adduced by Mr. Storrs, (see this Journal for Jan. 1843, p. 224,) Dr. Holmes (*Ibid.* July 1843, p. 260), Drs. Hall and Dexter (*Ibid.* Jan. 1844, p. 19,) the following are related by Dr. ELKINGTON, of Birmingham, in the *Prov. Med. Journ.* Jan. last.

Aug. 28, 1833.—After visiting a bad case of erysipelas, at the edge of the town, and making free incisions through the diseased part, I attended Mrs. J., living in the centre of the town, who, after a favourable labour, was confined of her second child. She was doing well until the evening of the third day, Aug. 31, when she was attacked with fever, and died Sept. 3.

Aug. 28. I attended Mrs. C. of her first child; and went directly from attending Mrs. J. Mrs. C. had a severe labour, followed by flooding; and was feverish and poorly from the first day. She was taken worse on the 30th, and died Sept. 4.

Sept. 3. I attended Mrs. Edwards of her third child. She had a favourable labour, and went on well till the 5th. She was then attacked with fever, and died on the 11th.

Sept. 5. I examined the body of Mrs. C., the second patient, assisted by my brother. As we were leaving the house, we received each a message to attend a labour. Mrs. White, my brother's patient, was attacked on the 8th, and died on the 11th.

Mrs. Curnin, the person I attended, was also attacked on the 8th, but recovered.

The first four patients were bled; Mrs. Curnin was not. From Aug. 28th, to Sept. 11, I attended several other labours, but those patients escaped the fever. I was in the habit of changing my dress before I went to a labour; but as that did not have the effect of preventing the disease, I left home for a fortnight; and on my return, although I attended labours as usual, had no case of fever. With reference to the contagious character of the disease, I would here mention that my friend Mr. Nason, of Nuneaton, who was visiting me, saw the two first patients in the evening, as he was leaving town. He was called to a labour in the night; his patient had the disease, and, I believe, died. Mr. J., the husband of the first lady, had severe sore throat. A young lady who nursed her had a slight feverish attack. The person who nursed Mrs. C., the second patient, went home ill with erysipelas of the arm, and afterwards died. The sister of Mrs. E., the third patient, had erysipelas of the face.

In June, 1835, I attended Mr. Perry for erysipelas of the arm, after bleeding. It was necessary to make free incisions, which were followed by sloughing to a considerable extent; but after a very long illness he recovered. During the whole of my attendance upon him, I invariably changed my dress, and sponged the surface of my body before I went to a labour, with one unfortunate exception. On my return from visiting him, one night, I was met on the road, by a messenger, who requested me immediately to visit a lady who was dangerously ill, but not supposed to be in labour. I went directly to the house, without chang-